

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. **128-d**  
**522**

Registered No. \_\_\_\_\_

### 1. PLACE OF BIRTH

County **Gila** State **Arizona**  
District or Township \_\_\_\_\_ or Village **P.O. Box 58 - Miami, Ariz.**  
City **Miami** No. **Miami - Insp. Hospital** St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

2. Full name of child **Helen Hope Olsson**

3. Sex of Child **Female** To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_  
6. Legitimate? **yes** 7. Date **Sept. 4 - 1930**  
of birth Month Day Year

8. FATHER  
Full name **Archie Andrew Olsson**

9. Residence (Usual place of abode) **19 Hill St - Miami - A.**  
If non-resident, give place and state.

10. Color or race **Cauc.** 11. Age at last birthday **22** (Years)

12. Birthplace (city or place) **Globe**  
(State or country) **Arizona**

13. Occupation  
Nature of Industry **Mining**

14. MOTHER  
Full maiden name **Alice Pearl Boggs**

15. Residence (Usual place of abode) **19 Hill St - Miami - Ariz.**  
If non-resident, give place and state.

16. Color or race **Cauc.** 17. Age at last birthday **19** (Years)

18. Birthplace (city or place) **Calexico**  
(State or country) **Calif.**

19. Occupation  
Nature of Industry **Housewife**

20. Number of children of this mother: (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living **1**  
(b) Born alive but now dead **0**  
(c) Stillborn **0** 21. Were precautions taken against ophthalmia neonatorum? **yes**

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at **7:20 P.** m. on the date above stated.  
(Born alive or stillborn)

Signature **Byril M. Brown M.D.** (Physician or midwife.)  
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report \_\_\_\_\_ Address **Miami, Arizona**

Month, day, year \_\_\_\_\_ Filed **Sept 11, 1930** Registrar **C. E. Jones**

Registrar. **666-904-122**

each in order of birth stated.